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ABSTRACT

This study investigated the relationships between children's levels of depression, their perceptions of their classroom social climate, and their perceptions of their families' functioning. The three self-report instruments employed were the Reynolds Child Depression Scale (RCDS), the relationship dimension of the Classroom Environment Scale (CES), and the Family Adaptability and Cohesion Evaluation Scale I-II (FACES-III). Children in the third through sixth grades (n=113) who had been referred for counseling services, in ten different elementary schools, were involved in this correlational investigation. The results indicate significant correlations between depression and family cohesion, family adaptability, the total score on family functioning, classroom involvement, classroom affiliation, and the relationships dimension of classroom social climate. Implications of these findings for school counselors include the importance of providing comprehensive treatment for the depressed child through family counseling and classroom-based interventions, in addition to traditional individual or small group counseling. (Contains 30 references.) (Author/TS)

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The Relationships Between Childhood Depression, Perceptions of Family Functioning, and Perceptions of Classroom Social Climate: Implications for School Counselors

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Abstract

This study investigated the relationships between children's levels of depression, their perceptions of their classroom social climate, and their perceptions of their families' functioning. The three self-report instruments employed in this study were the Reynolds Child Depression Scale, the Classroom Environment Scale (the relationship dimension only), and the Family Adaptability and Cohesion Evaluation Scale III. One hundred thirteen children in the third through sixth grades who had been referred for counseling services, in ten different elementary schools, were involved in this correlational investigation. The results indicated significant correlations between depression and family cohesion, family adaptability, the total score on family functioning, classroom involvement, classroom affiliation, and the relationship dimension of classroom social climate. Implications of these findings for school counselors are discussed.

The Relationships Between Childhood Depression, Perceptions of Family Functioning, and Perceptions of Classroom Social Climate: Implications for School Counselors

School counselors are confronted daily with a host of complex behavioral, emotional, and social problems in children of all ages. Their professional skills are constantly challenged by such overwhelming psycho-social issues as substance abuse, divorce, violence, gang involvement, and sexual and physical abuse. Another critical contemporary problem facing counselors is the rapidly growing number of children who are demonstrating the signs and symptoms of major depression.

Childhood depression is most often defined by decreased energy level, lack of self-esteem, impaired thought processes, feelings of helplessness and hopelessness, poor psychomotor functioning, sleep disorders, eating disorders, and morbid preoccupation, including suicidal ideation (Morrow, 1987; Patros & Shamoo, 1989). Depressed children may give the appearance of having low intelligence and achievement in school, but in actuality it is their hopelessness and the non-ability to function as a person that interferes with their achievement (Brumback, Jackoway, & Weinberg, 1980). The results of a study conducted by Tesiny, Lefkowitz, and Gordon (1980) indicated a significant correlation between child depression and low school achievement. McGee, Anderson, Williams, and Silva (1986) found that depressive symptoms in children were significantly related to lower self-esteem and a poorer self-perception of scholastic ability. Similar findings were reported by Altmann and Gotlib (1988) who found that depressed children in school settings considered themselves to be less socially competent, and they spent more time alone than in the social company of their peers at school. Cole and Turner (1993) found that depressed children demonstrated a significantly greater number of cognitive errors (i.e., irrational thinking) than did their nondepressed classmates. In school settings, the more depressed a child is, the more helpless she or he feels and the more pessimistic she or he is in explaining classroom events (Leon, Kendall, & Garber, 1980; Nolen-Hoeksema,

Girgus, & Seligman, 1992). Depressive children are usually quiet and withdrawn, and it is easy for them to get lost and fall through the cracks in educational institutions (Leon et al., 1980; Maag & Forness, 1991; Quiggle, Garber, Panak, & Dodge, 1992). In overcrowded classrooms, teachers are more likely to welcome (and reinforce) quiet and withdrawn behavior in children. Obviously, this makes identification very difficult.

Until the late 1960s to early 1970s, it was thought that children could not experience depression. This was based on the psychoanalytic assumption that depression can not exist until the onset of adolescence (genital stage) and the full development of the superego (Maag & Forness, 1991). Also, in the early 1970s,the theory of "masked childhood depression" was postulated (Fuller, 1992; Morrow, 1987; Patros & Shamoo, 1989), which stated that the symptoms of depression were not the same for children as they were for adults. It was assumed that childhood depression was covered up by the symptoms of other behavior disorders such as learning disabilities, somatic complaints, conduct disorders, hyperactivity, enuresis, boredom, restlessness, fatigue, and problems with concentration, which made it difficult to diagnose childhood depression correctly (Morrow, 1987). The masked depression theory is now being disputed by researchers (Maag & Forness, 1991). The growing consensus today is that childhood depression and adult depression are parallel in their symptoms (Kazdin, 1990; Reynolds, 1986). The diagnostic criteria for both adult and childhood depression are appropriate for both disorders (Brumback, Jackoway, & Weinberg, 1980; Leon, Kendall, & Garber, 1980; Maag & Forness, 1991; Moyal, 1977).

Professional counselors in the elementary setting must also consider the depressed child's home life and family system. Parents of depressed children are often more overprotective, more likely to have communication difficulties in the family, and more apt to undermine children's learning than parents of nondepressed children (Magnussen, 1991). These parents are also less aware of their children's feelings. The few studies that

have been conducted on the relationship between family interaction patterns and depression in children, portray these families as having chaotic, rejecting, and hostile interaction patterns (Dadds, Sanders, Morrison, & Rebgetz, 1992; Magnussen, 1991; Sternberg, Lamb, Greenbaum, Ciccheti, Dawud, Cortes, Krispin, & Lorey, 1993). Families with at least one depressed parent have less cohesion and expressiveness, more conflict, less emphasis on the development of independence, and fewer mores and religious values than families with nondepressed parents (Billings & Moos, 1983).

In an investigation of depression as a generational phenomenon, researchers (Whitbeck, Hoyt, Simons, Conger, Elder, Lorenz, & Huck, 1992) found that a history of rejection by the parents increased the likelihood of depressed affect in the children. The presence of depressed affect, in turn, increased the likelihood of rejecting parenting behaviors. The children of depressed parents experienced higher levels of helplessness and depression because of the rejecting behaviors of the parents. Additionally, the parents of depressed children are more likely, than parents of nondepressed children, to attend to their children's failure rather than success on a structured task (Cole & Rehm, 1986). Also, parents of depressed children tend to allow the children to miss more school than parents of children without depressive symptoms (Magnussen, 1991).

When compared with nondepressed peers, depressed children perceive their families as much less supportive, more placid, and disengaged from outside involvement (Billings & Moos, 1983; Stark, Humphrey, Crook, & Lewis, 1990). Also, depressed children are more likely to report that they are allowed less involvement in decision-making, and have more intense feelings of helplessness (Seligman, Peterson, Kaslow, Tannenbaum, Alloy, & Abramson, 1984; Stark et al., 1990). Families of depressed children report higher levels of conflict, within the family system than families with nondepressed children (Sternberg et al., 1993). Obviously, when families do not engage in outside activities, they are deprived of positive distractions from their daily problems. Family members are forced to remain in

contact with one another which increases the probability of conflict. Depressed children internalize this conflict which reinforces their feelings of despair and helplessness. It is not at all surprising that children in abusive homes are more likely to report depressive symptoms than children in nonabusive families (Sternberg et al., 1993). Abused children feel more sad and unwanted, and less healthy then their nonabused peers.

Professional counselors working with elementary children are in a position to observe and recognize the signs and symptoms of depression in children, and to provide appropriate comprehensive treatment. To maximize the effectiveness of the therapeutic treatment, in addition to providing individual or small group counseling or psychotherapy for children suffering from depression, the school counselor may need to consult or counsel with the depressed child's two major life systems: the family and the classroom. Childhood depression is a complex, multifaceted disorder that affects many school-age children, their families, and their classrooms. Thus, it is critically important to investigate and understand the relationship between childhood depression, family functioning, and the classroom social climate. Therefore, the purpose of this study was to investigate the correlational relationships between elementary children's levels of depression, their perceptions of their family functioning, and their perceptions of their classroom social climate.

Method

Participants

The participants in this study were 113 children (52 males and 61 females), from ten different elementary schools, enrolled in third, fourth, fifth, or sixth grades, who had been referred for counseling services during the two-week period in which this study was conducted. There were 23 third graders, 39 fourth graders, 33 fifth graders and 18 sixth graders. Of the 113 students taking part in this study, 73 were White (65%), 22 were Mexican American (19%), 10 were Native American (9%), 5 were African American (4%),

and 3 were Asian American (3%). The age range of the children was 8 to 14, with a mean age of 10. All the children in this study were from low income socio-economic groups.

Instruments

The subjects were individually administered a packet of three survey instruments: The Reynolds Child Depression Scale, The Classroom Environment Scale, and the Family Adaptability and Cohesion Evaluation Scale III. Additionally, a cover sheet to the survey packet obtained demographic information such as age, gender, grade, and race.

The Reynolds Child Depression Scale (RCDS; Reynolds, 1989) is a self-report measure of depressive symptomalogy in childhood, and was developed for the assessment of children in grades 3 through 6 (ages 8 through 12). The RCDS consists of 30 self-report items which require a second grade reading level. The child is asked to indicate whether the symptom-related item has occurred "almost never," "sometimes," "a lot of the time," or "all the time." The internal consistency reliabilities of the RCDS, computed using Cronbach's alpha coefficient, ranged from .87 in third grade to .90 in grades 4, 5, and 6. The validity of the RCDS has been established through content validity, criterion-related validity, construct validity, and factorial validity. In determining construct validity, the RCDS demonstrated strong, significant correlations with the Children's Depression Inventory, ranging from .68 to .72, with a median of .72 (Reynolds, 1989). The RCDS significantly correlates with other self-report measures of depression, as well as with other measures of depression that utilize different methods of assessment (Reynolds, 1986, 1989).

The Classroom Environment Scale (CES; Moos & Trickett, 1974) assesses the social climate of school classrooms. An adapted version of the CES was used in this study to assess elementary school children's perceptions of their classroom social climate. Nine subscales make up the original CES. Only three subscales were deemed to be directly relevant to this study: Involvement, Affiliation, and Teacher Support. The total score of

the three subscales measures the relationship factor or dimension of classroom social climate and indicates the degree to which the children are feeling connected with their classrooms, peers, and teachers. There are 30 items on the adapted version of the CES, with 10 items in each of the three subtests. Moos and Trickett (1974) developed an adapted short form that has 36 items instead of the 90 items which constitute the original long form. The validity and reliability of the adapted form were the same as on the long form. Internal consistency reliabilities were calculated on the original 90-item CES using the Kuder-Richardson Formula-20. The coefficients ranged from .67 to .86 on the subscale and total scores. The test-retest reliabilities ranged from .72 to .90. The CES has been found to be a valid and acceptable test for assessing a student's perceptions of the classroom environment and social climate.

The Family Adaptability and Cohesion Evaluation Scale III (FACES-III; Olson, Portner, & Lavee, 1985) is a 20-item instrument designed to measure family members' perceptions of family functioning. FACES-III is based on the Circumplex Model of family functioning, and measures two central dimensions of family behavior: cohesion and adaptability. The higher the cohesion score, the more enmeshed the family is said to be; the lower the cohesion score, the more disengaged the family is said to be. Likewise the higher the adaptability score, the more chaotic the family tends to be, and the lower the adaptability score, the more rigid the family tends to be. FACES-III has fair internal consistency with an overall alpha coefficient of .68 for the total instrument, .77 for cohesion, and .62 for adaptability. The test-retest reliabilities range from .80 to .83 for the subscale and total scores.

Procedures

All third through sixth grade students, at ten different elementary schools, who were referred for counseling services during a specific two-week period of time, were included as participants in this study. The three survey instruments were individually administered

to each student prior to their initial meeting with the school counselor. The completed survey packets were then scored and the data were analyzed.

Results

One hundred thirteen elementary students completed the Reynolds Child Depression Scale, the Classroom Environment Scale (adapted version with three subscales), and the Family Adaptability and Cohesion Evaluation Scale III. The mean scores and standard deviations obtained on the 113 subjects reflected the mean scores of the standardized norming samples on the three survey instruments, and are presented in Table 1.

Pearson product-moment correlation coefficients were computed between each of the total scores and subscale scores. As indicated in Table 2, scores on the Reynold's Child Depression Scale (RCDS) were significantly ($p < .05$) correlated to scores on the Family Adaptability and Cohesion Evaluation Scale III (FACES-III) and on the Classroom Environment Scale (adapted version), with the exception of the Teacher Support subscale of the Classroom Environment Scale (CES). The scores on the RCDS were significantly negatively correlated to the total score on the FACES-III ($r = -.42$, $p < .001$) and to the total score on the CES, the relationship dimension of classroom social climate ($r = -.28$, $p < .01$).

Likewise, the scores on the RCDS were significantly negatively correlated to the two subscales of the FACES-III, Family Adaptability ($r = -.20$, $p < .05$) and Family Cohesion ($r = -.51$, $p < .001$). Additionally, the scores on the RCDS were significantly correlated, in the negative direction, to two of the three subscales on the CES: Involvement ($r = -.22$, $p < .05$) and Affiliation ($r = -.33$, $p < .001$).

The scores on the total scale and subscales of the CES were not significantly correlated to the scores on the total scale and subscales of the FACES-III, with the one exception being that the CES total scale (relationship dimension) did correlate significantly with the FACES-III subscale of Family Cohesion ($r = .19$, $p < .05$).

Discussion

The present study was designed to determine the relationships between elementary school children's levels of depression, their perceptions of their family functioning, and their perceptions of their classroom social climate. The results of this study indicate that the higher the child's level of depression, the lower or weaker the child perceives the level of family cohesion to be. These results support the findings of Billings and Moos (1983) and Stark et al. (1990). Family cohesion is the emotional bonding, the supportiveness, togetherness, and shared families activities that happen in the family (Fredman & Sherman, 1987). Disengaged families have a difficult time communicating with each other. They live in the same house, but there is emotional distance between the family members, and they are not emotionally connected to one another. Kazdin (1990) reported that families with a depressed person had less cohesion and expressiveness, more conflict, and less emphasis on the development of independence than did families with no depressed members.

Family adaptability measures leadership in the family, discipline measures, the roles family members take, and the family rules (Fredman & Sherman, 1987). The adaptability of a family is a measure of the degree to which the family, as a whole, adapts to stress and family developmental crises. The negative correlation between adaptability and depression suggests that the more severe the child's level of depression, the weaker the adaptability, or the more rigid the family is in its functioning. A rigid family has little room for negotiation. Other studies (Stark et al., 1990; Sternberg et al., 1993) have also found that depressed children and adolescents perceived their families as more inflexible and rigid. The significant negative correlation between depression and the total score on family functioning indicates that depressed children tend to view their families as more disengaged and more rigid: rigidly disengaged (Olson, 1986; Olson, Sprenkle, & Russell, 1979).

The three subscales of the Classroom Environment Scale which were used in this

study constitute the relationship dimension of classroom social climate. Affiliation is the level of friendship students feel for each other, as expressed by getting to know each other, how much the teacher talks openly with students, trusts them, and is interested in their ideas. The results of the present study indicate that the higher the level of depression in children, the lower the feelings of affiliation. Thus, the more depressed a child is, the less friendship and connectedness she or he feels with regards to her or his classmates and teacher. Involvement is described as the extent to which students have attentive interest in class activities and participate in discussions, projects, and activities. The extent to which students do additional work on their own and enjoy the class is also considered in this dimension. According to the findings of this study, the more depressed a child is, the less he or she reports being involved in classroom participation and the social and academic activities. The total score on classroom social climate, as adapted for use in this study, is referred to as the relationship dimension. It was found that depression was negatively correlated with the relationship dimension. Depressed children are not involved in classroom social relationships. They would rather sit back quietly and not participate in any of the normal classroom activities or social relationships. They also tend to have difficulty making friends, have low energy levels, and their thinking processes can be slower than nondepressed children, making classroom discussions hard, and resulting in a self-defeating attitude.

Providing effective treatment for depressed children is a professional challenge for school counselors. Since classroom affiliation and classroom involvement are significantly correlated to depression, counselors should work with teachers to enhance classroom social environments, and find ways to help the students become more involved in classroom activities, projects, and social relationships. Self-control sessions, which include self-monitoring, self-evaluation, and self-reinforcement, teacher-mediated interventions, and other cognitive-behavioral techniques have been found to decrease children's depressive

symptoms (Clarizio, 1985; Kazdin, 1990).

Additionally, the results of this study strongly suggest that school counselors must work closely with the families of depressed children. In order for the student to feel more connected to their family, family counseling within the school setting should be provided, or the family should be referred to an appropriate community agency. Working solely with the depressed child will not necessarily help the child develop stronger feelings of cohesion and belongingness.

The purpose of this study was to investigate the correlational relationships between childhood depression, perceptions of family functioning, and perceptions of classroom social climate among third through sixth grade students who had been referred for counseling services. The results indicated that a significant relationship exists between childhood depression and family cohesion. The more depressed a child feels, the less emotional closeness and connectedness she or he feels with their family, and the less adaptable or flexible she or he perceive their family system. Thus, depressed children are likely to come from family systems which are rigidly disengaged. Additionally, the findings of this investigation indicate that childhood depression is related to classroom affiliation, classroom involvement, and to the relationship dimension of classroom social climate. Depressed children feel less connected to their classmates and teacher, and are less involved in classroom activities and classroom social interactions. The primary implication of these findings for school counselors is the importance of providing comprehensive treatment for the depressed child through family counseling and classroom-based interventions, in addition to the traditional individual or small group counseling.

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Table 1

Means and Standard Deviations of the Dependent Measures for Sample Subjects and Norms

Instrument Scale	Sample M	Sample SD	Norm M	Norm SD
RCDS - Total Score	59.33	15.86	56.79	12.50
CES - Involvement	5.44	2.31	5.17	1.88
CES - Affiliation	5.64	1.91	6.51	1.22
CES - Teacher Support	5.87	2.09	6.74	1.65
CES - Total Score	16.95	4.82	18.42	3.96
FACES-III - Cohesion	33.93	9.36	31.75	7.42
FACES-III - Adaptability	27.51	7.18	25.43	6.94
FACES-III - Total Score	61.44	14.63	57.18	13.17

Table 2

Correlation Coefficients for the Relationships Between the RCDS, the CES, and the FACES-III

Instrument Scale	FACES-III Total	FACES-III Adaptability	FACES-III Cohesion	CES Total	CES Support	CES Affiliation	CES Involvement
RCDS	−.42 ***	−.20 *	−.51 ***	−.28 **	−.09	−.33 ***	−.22 *
CES Involvement	.08	.01	.11	.81 ***	.38 ***	.43 ***	
CES Affiliation	.11	.02	.16	.73 ***	.30 ***		
CES Support	.09	−.05	.17	.73 ***			
CES Total Score	.12	−.01	.19 *				
FACES-III Cohesion	.91 ***	.56 ***					
FACES-III Adaptability	.85 ***						

* $p < .05$

** $p < .01$

*** $p < .001$